



## Client Grievance and Complaint Form

Program:  SF Detox  Men's Residential  Women's Residential  Men's Extended  FCDRC

Grievance concerning services received

Complaint involving fellow client(s)  Other

For requests such as phone calls, alternative meal options, etc., please submit Client Request Form instead.

Nature of grievance or complaint: \_\_\_\_\_

Name of client filing grievance or complaint: \_\_\_\_\_

Name of individuals and/or staff involved, if applicable: \_\_\_\_\_

Please provide a detailed explanation of the circumstances and events surrounding your concern:

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please submit this form to any staff member or mail to:

## Quality Assurance

2504 Camino Entrada, Santa Fe, NM 87507



For Staff Use Only	
Receipt of Client Grievance or Complaint	Resolution Contact
Supervisor/Director: _____	Date Investigation Completed (if applicable): _____
Date: _____	Date Client Notified: _____
	Contacted By: _____
	Method of Contact: _____

### Investigation/Outcome Summary:

\*Send completed form to Quality Management